

AO 435 (Rev. 03/08) (WDTX Mod. 6/5/08)					Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER							DUE DATE:	
Please Read Instructions:								
1. NAME Scott Cole				2. PHONE NUMBER (713) 221-7040		3. DATE 8/24/2023		
4. MAILING ADDRESS 300 W. 6th St., Suite 2010				5. CITY Austin		6. STATE TX		7. ZIP CODE 78701
8. CASE NUMBER 1:23-cv-00917-DAE		9. JUDGE Judge Ezra		DATES OF PROCEEDINGS				
				10. FROM 8/23/2023		11. TO		
12. CASE NAME Free Speech Coalition, Inc., et. al., v. Angela Colmenero				LOCATION OF PROCEEDINGS				
				13. CITY Austin		14. STATE TX		
15. ORDER FOR								
<input type="checkbox"/> APPEAL			<input type="checkbox"/> CRIMINAL			<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL			<input checked="" type="checkbox"/> CIVIL			<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)								
PORTIONS		DATE(S)		PORTION(S)		DATE(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)				
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)								
<input type="checkbox"/> OPENING STATEMENT (Defendant)								
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)				
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)								
<input type="checkbox"/> OPINION OF COURT								
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)				
<input type="checkbox"/> SENTENCING				Preliminary Injunction Hearing		08/23/2023		
<input type="checkbox"/> BAIL HEARING								
17. ORDER								
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS		
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>						
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL				
18. SIGNATURE Scott Cole <small>Digitally signed by Scott Cole Date: 2023.08.24 11:56:03 -05'00'</small>				PROCESSED BY				
19. DATE 8/24/2023				PHONE NUMBER				
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS				
ORDER RECEIVED		DATE	BY					
DEPOSIT PAID				DEPOSIT PAID				
TRANSCRIPT ORDERED				TOTAL CHARGES				
TRANSCRIPT RECEIVED				LESS DEPOSIT				
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT				TOTAL DUE				

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